City of Madison Fire Dept.
Fire Prevention Div.
Elevator Inspection Unit
325 W. Johnson St.
Madison WI 53703
Phone: (608) 266-5909
Fax: (608) 267-1153
www.madisonfire.org

Category 1 Periodic Hydraulic Elevator Test

Comm 18.1708 (8) ASME A17.1- Req. 8.11.3.2

Instructions: Please TYPE or PRINT CLEARLY the information requested on this form.
Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m), Stats.]

Building Name	**Owners Name**	**Registration Tag No.**
Street Address	**Address**	**Regulated Object ID.**
City, State, Zip	**City, State, Zip**	**Manufacturer**

1. ASME A17.1Requirement 8.11.3.2.1: The relief valve setting shall be tested to determine that it will bypass the full output of the pump before the pressure exceeds 150% of the working pressure and that the system will withstand this pressure.

Rated Speed (up): fpm. Operating Speed (down): fpm. Capacity: lbs.

Working Pressure: psi. Relief Pressure: psi.

Was the valve adjusted and re-sealed? ☐ Yes ☐ No

Valve Sealed: ☐Yes ☐No Type of Seal & Identification:

2. ASME A17.1 Requirement 8.11.3.2.2: This test shall be performed after the relief valve setting and system pressure test. Cylinders, which are exposed, shall be visually inspected. Cylinders, which are not exposed, shall be tested. After a minimum of 15 minutes a change in car position which cannot be accounted for by visible oil leakage, valve leakage, or temperature change indicates a leak in the unexposed portion of the cylinder or the piping.

Oil level in tank start: Distance from landing sill start: inches.

Oil level in tank end: Distance from landing sill end: inches.

Exact Time of Test: Minutes Movement of Car: Inches

☐ TEST SHOWS COMPLIANCE WITH REQUIREMENTS ☐ TEST SHOWS LEAKAGE, REPLACEMENT REQUIRED

ASME 17.1 Requirements 8.11.3.2.3: Additional Tests

	OK	Fail	N/A		OK	Fail	N/A
Normal Terminal Stopping Devices	☐	☐	☐	Flexible Hose (Test with relief pressure for 30s.)	☐	☐	☐
Standby Power Operation	☐	☐	☐	Pressure Switch	☐	☐	☐
Emg Terminal Speed Reducing Devices	☐	☐	☐	Low Oil Protection Device	☐	☐	☐
Firefighter's Emergency Operation	☐	☐	☐				

If any test did not prove satisfactory, please explain.

3. ASME A17.1 Requirement 8.11.1.6: A metal test tag with the test date, the requirement number requiring the test, and the name of the person or firm performing the test shall be installed in each machine room.
Tests shall be recorded in the Maintenance Record.

The Above Tests Were Performed In Compliance With ASME A17.1 and Comm. 18			
Firm Performing Test	Address	City, State, Zip	Date of Test
Name and License Number of Person Performing Test (Print)	Signature of Person Performing Test		

Reports Shall Be Filed With the Madison Fire Dept. Within 15 (Fifteen) Days of Performing Test.

Copy Distribution: One copy to be retained by firm or person performing test
One copy to be sent to Madison Fire Dept.
One copy to be retained by owner or tenant